would not have done to yourself,' when, at the bedside of his patient, he finds other remedies unavailing, and is tempted to have recourse to epispastics as his last resort. He ought always to remember that his mission is to relieve pain, and wherever his attempts to do so fail in spite of all his efforts, he can console himself with the assurance that he has at least caused no superfluous suffering."—*Edinburgh Med. Journ.*, Nov. 1867, from *Allg. Med. Zeit.*

The editor of the *Edinburgh Journal*, while justly remarking that he cannot altogether agree with the Professor, justly remarks: "Humanity demands that remedies should be as painless as possible, provided they be effectual; but it is, above all, essential that they be effectual. A do-nothing practice cannot last: it is a transition period only; but close observers will perceive that modern medicine is passing beyond the stage of expectancy, which was necessary to found a natural history of disease, and that while the means employed will be fewer and simpler—often less heroic in appearance, but really more potent than the older therapeutics—they will be administered with immensely greater, because with scientific precision, and with almost certain benefit. But the problems of medicine require time and labour to be worked out, even with the abundant energy of a modern age; and till they are worked out, some amount of expectancy and of prudent empiricism is necessary, and is, even now, infinitely more successful than blind and rash routine or a random prescription of new remedies. Fortunately, in spite of erroneous current theories, judicious physicians have existed in all ages. Meanwhile, free questioning of remedies, in a proper scientific spirit, can only end by establishing what is excellent."

MEDICAL PATHOLOGY, SPECIAL THERAPEUTICS, AND PRACTICAL MEDICINE.

14. *Changes of the Capillaries in Cerebral Softening.*—MM. **Prevost** and **Cotard** demonstrate that, if granulo-fatty degeneration of the capillaries and their aneurismal dilatation may and should, in a certain number of cases, be considered as the primary lesion which acts as the producing cause of softening of the brain, these same vascular alterations may be secondary, and depend, like the concomitant alteration of the nerve-tissue for instance, on arterial obliteration. They appear, also, to be capable of secondary production, whatever may be the producing cause of the necrobiosis of the nerve-tissue.—*Brit. Med. Journ.*, Jan. 25, 1868, from *Archives Gén. de Méd.*, Jan. 1868.

15. *Pathology of Locomotor Ataxy.*—In the *Transactions of the Biological Society of Paris* for 1866, we find an interesting observation made by MM. **Charcot** and **Bouchard**, who decide what are the medullary lesions of the commencement of locomotor ataxy. In a case where the patient presented only the premonitory symptoms, and where the acute pains of the ataxy were present without disturbed co-ordination of movements, the autopsy revealed commencing induration of the posterior columns of the spinal cord (conjunctive neoplasia of the posterior columns with integrity of the nerve-tubes). This observation furnishes an argument against the opinion which tends to rank locomotor ataxy amongst the neuroses, and to consider the sclerosis of the posterior columns as a lesion consecutive to the functional disorders of that portion of the cerebro-spinal axis.—*Ibid.*

16. *Albuminuria in a Child Seven Weeks Old.*—Mr. G. F. **Helm** records (*Lancet*, Jan. 18, 1868) a case of this. The child was a fine one when born, but was afterwards troubled with almost constant vomiting. The mother having no milk, the child was fed by hand. It became extremely emaciated, no kind of food agreed with it, and it died when about eleven weeks old.

Mr. H. thinks it was a case of albuminuria from imperfect digestion and assimilation of the albuminous constituents of the food; for, though the kid neys presented, at the autopsy, some spots of congestion, they could not be considered as diseased.

17. *Action of Putrid Material on the Animal Organism.*—The following conclusions have been derived by Dr. Moriz Hemmer, of Munich, from his researches on the nature and action of putrid fluids. 1. Putrid infection causes severe acute inflammation in the intestinal mucous membrane and the glands of the chylopoietic system. 2. It excites very violent central irritation. 3. By it the blood is changed into a dark-coloured, thin, and scarcely coagulable fluid. 4. It causes the rapid approach of putrefaction. 5. The putrid poison is an albuminoid body undergoing change, not fluid or gaseous, but solid. 6. The poison acts in imperceptibly small doses; and, with regard to its intensity, can be compared only with the most active toxic agents known to us—some vegetable alkaloids, curare, the snake poison, etc. 7. It is insoluble in absolute alcohol, soluble in water. 8. It resists a heat of 100° centigrade. 9. It acts as a ferment, and induces zymotic changes in the blood. 10. The action of the putrid poison is exerted on the albuminoid materials of the plasma of the blood. 11. An analogy may generally be recognized between putrid infection and the infectious diseases. 12. The morbid material of the infectious diseases are, therefore, putrid poisons, and possess the properties of the same. 13. The varying action of the morbid materials in the infectious diseases depends upon a special modification of the putrid poison.—*Brit. Med. Journ.*, Dec. 28, 1867, from *Blatter f. Staats-Arzneikunde*, No. 29, 1867.

18. *Infusoria in the Air expired in Whooping-Cough.*—On April 2d, 1867, M. Poulet addresssd to the French Academy of Sciences a note on this subject. On the 5th of August last he sent to the same learned body an account of some subsequent observations made by him. He states that an epidemic of whooping-cough in the place where he resides afforded him the opportunity of examining the breath of many children affected with the disease, and that in the vapour collected by the method described in his previous communication, he found, on microscopic examination, a world of minute infusoria, which were in all cases identical. The most numerous, as well as the most minute, belonged to a species described by some under the name of *Monas termo;* by others *Bacterium termo.* Another species, found in smaller numbers, were the *Monas punctum* of Müller, *Bodo punctum* of Ehrenberg, and which are usually classed among the Bacteria, *Bacterium bacillus.* Thus he says that whooping-cough by the alterations of the expired air, belongs to the infectious diseases among which he has already studied under the same point of view, smallpox, scarlatina, and typhoid fever.—*Gazette Hebdomadaire de Méd. et de Chirurg*, Aug. 16, 1867.

19. *Lung showing the early stage of Cirrhosis.*—Dr. Bastian presented to the Pathological Society (London) a specimen of this taken from a man admitted into St. Mary's Hospital. The patient was moderately well nourished, and had been suffering from cough for many years, though he had been seized with symptoms of acute bronchitis only two days before admission. There was flattening of the chest anteriorly on the left side, and marked dulness over a great portion of this half of the thorax, whilst on the opposite side there was no dulness, but signs of recent bronchitis. There was great lividity of the face, and the man died after two days from the severity of the acute attack. Post-mortem: The upper part of the left lung had to be cut out of the thorax, owing to adhesions and the formation of a tough material of fibro-cartilaginous consistence at the surface, nearly one inch thick in some parts. Almost the whole of the upper lobe was dense and hard, being intersected in all directions by bands of white fibrous tissue. The lower lobe was also somewhat consolidated and indurated by new fibrous tissue. In the upper lobe there were a few dilated bronchi. No tubercle existed in this lung. The opposite lung also contained no tubercle; it was large and healthy, save that it presented all the appearances characteristic of acute bronchitis. Not a particle of tubercle in other organs of the body. Dr. Bastian had collected and analyzed thirty cases of this rare

disease. Two or three of these had been reported under the head of "dilated bronchi," and one or two others as cases of chronic pneumonia. He had found, from statistics furnished by Lebert and Barth, that by far the greatest majority of cases of dilated bronchi occurred in individuals who were over 60 years of age, whilst a very large proportion of the cases of cirrhosis of the lung occurred between the 16th and 40th year. Dilatation of the bronchi was an accident rather than an essential in cirrhosis, and either did not occur, or was very slightly marked, in one-third of the cases. With regard to chronic pneumonia, he was convinced, from the descriptions of Grisolle and Charcot, that the pathological condition to which they applied this name was in some cases the immediate sequence of an acute pneumonia, and, moreover, that the tissue change met with was precisely similar to that occurring in the early stage of cirrhosis. But inasmuch as in this condition the whole lung substance was infiltrated with a new fibre growth, its anatomical character was totally different from that of pneumonia, and therefore the name which had been hitherto given to it was altogether unsuitable. It was not a persistence of the anatomical characters of the acute disease, but the setting up of an entirely new process, merely a sequence of the original disease. Whilst Dr. Bastian believed, therefore, that the disease was usually a chronic one, in which a growth of new fibre tissue gradually took the place of the proper lung substance, he believed that in certain rare cases its onset might be more acute, and be the immediate sequence of an acute pneumonia.

Dr. Bastian fully recognized the importance of a due consideration of the relationship of this pathological condition to the indurations of lung tissue met with in phthisis. His attention has been particularly directed to this question because some pathologists refused to recognize cirrhosis of the lung as a distinct disease on the ground that all the so-called cases were instances of tubercular phthisis advancing to a cure. He knew how frequently fibroid induration of the cirrhotic kind was associated with tubercle, but he felt convinced that in certain cases pure cirrhosis might exist in individuals who were in no way tuberculous. In fact, his observations confirmed those of Dr. Sutton to the effect that persons suffering from this disease often had originally possessed large well-formed chests, and a physique the very reverse of that usually looked upon as phthisical. Of the 30 cases analyzed by Dr. Bastian, in only four was there any evidence of the existence of tubercle in one or other lung, and then it occurred in quantity altogether insignificant, so as to make its presence rather an accident than an essential.—*Med. Times and Gaz.*, Nov. 23, 1867.

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20. *Intermingling of the Types of Fever.*—Dr. HENRY KENNEDY read before the Medical Section of the British Medical Association, at its meeting in Dublin, in 1867, a paper on this subject, in which he expressed his strongest convictions that the types of fever "are much more mixed up—intermingled, as it were—than is commonly supposed, or the books teach. He states "that while the types of fever may all usually be distinguished the one from the other, yet they are frequently conjoined, or glide the one into the other. I cannot doubt that this is the case as regards gastric and enteric fever; neither can I doubt that the relapsing fever and typhoid may coexist. I believe, too—and here I would wish to speak with much more reserve, on account of the many able physicians who differ from me—that I have often had to treat cases of typhus and typhoid conjoined."

There are two points which appear to him worthy of especial notice. "In two cases within the last year, the treatment adopted to check the diarrhœa of enteric fever proved somewhat too potent; but what was the effect on the patients? It literally changed, as I believe, the very type before my eyes; and what had begun with all the signs of enteric fever ended literally in typhus. In each case, the diarrhœa (and I may state, in passing, the discharges were most characteristic) suddenly ceased, and the brain became seriously engaged."

The second point "is the fact that in those cases of fever where, as I believe, typhus and typhoid coexisted, the duration of the attack was much longer than if the disease had been typhus alone, by a period of at least ten days. In other words, the attack, as far as duration went, occupied the number of days which enteric fever usually runs—that is, five or six-and-twenty days. This fact appears to me one of moment, as showing, as far as the nature of the subject admits, that a something was present in these cases which prevented the attack ending in fourteen or fifteen days, which is the common course of typhus; and that these cases partook of this character, was proved by the presence of a copious petechial rash. I must leave to those who hold different views from my own the explanation of this fact."—*British Med. Journ.*, Jan. 18, 1868.

21. *Zymosis—A new Antiseptic Salt.*—Dr. Sansom, in a paper read before the Medical Society of London, gave an outline of the theory of zymosis. In tracing the origin of infecting particles, we may, he said, divide them into two classes—First, those arising from the animal world, such as variola, vaccine, pyæmia; and secondly, those arising from the vegetable world, as favus, thrush, and, if we are to believe a large mass of scientific evidence, diphtheria, ague, &c. But whether animal or vegetable, it cannot be determined with accuracy whether the materies morbi is, at the period of infection, one or the other. It is best, under such circumstances, to call it "germinal matter." Dr. Sansom then related a series of cases which had occurred in his practice, all of which were united by close relations of time, place, and circumstances, and in one of which the "oidium albicans" was discovered as a prime factor in the disease. The author then discussed the operation of disinfectants. He divided them into three classes—First, those which alter the chemical constitution of the materies morbi, such as chlorine and iodine; secondly, those which act partly chemically and partly vitally, such as the sulphites; and thirdly, those which act only on organized material, arresting vitality, such as carbolic acid. The treatment of zymotic disease by the internal administration of the sulphites was then considered, and forty-one cases were brought forward in which they had been employed, and in which one death only occurred. The facts seemed to be that the sulphites are the most easily absorbed of our internal antiseptics, but that carbolic acid is the most powerful. The author concluded by saying that the great desideratum was a salt which should combine the two. This desideratum Dr. Sansom had succeeded in fulfilling, and specimens of compound salts, the sulpho-carbolates, were exhibited to the Society.—*Med. Times and Gaz.*, Feb. 22, 1868.

22. *On Excess of Urea in the Urine as a guide to the Diagnosis and Treatment of certain forms of Dyspepsia and Nervousness.*—Dr. Fuller read before the Royal Medical and Chirurgical Society (Nov. 26, 1867) a paper on this subject. He began by stating that, in the year 1864, his attention was arrested by the existence of a great excess of urea in the urine of a patient whom he was treating for dyspepsia, accompanied by strongly marked nervous or hypochondriacal symptoms. The amount of urea in a given bulk of urine was so great that, on the addition of nitric acid, crystals of nitrate of urea began to form in about twenty minutes, and ultimately filled the interior of the test-tube. This condition of the urine has never been described as a feature either of dyspepsia or of nervousness; and as, from its persistency in the case under observation, Dr. Fuller was inclined to regard it as an essential feature of the malady, he resolved in future to search for urea in the urine of every patient who presented a similar train of symptoms. The result has been that he has discovered an excess of urea in twenty-seven patients; twenty-six of whom were males, varying in age from twenty-three to fifty-four. After describing the general symptoms by which this condition of the urine was accompanied, Dr. Fuller gave the details of two well-marked cases; and stated that since his attention had been directed to the subject he has seldom been disappointed in his expectation of finding an excess of urea when the symptoms have led him to suspect its existence. Without exception the patients have been tolerably healthy in appearance, and often somewhat florid, though in some instances they have lost flesh slightly—indeed, their aspect has been so little indicative of disease, and their complaint of suffering has been so constant and so urgent, that any practitioner who did not examine the urine for urea could scarcely fail to regard them as simply hypochondriacal. Their complaint has been of flatulence and acidity, extreme languor, restlessness at night, and distressing nervousness.

Even a moderate amount of exertion has induced fatigue, so that they have abstained almost wholly from exercise. This last Dr. Fuller regarded as an important feature of the complaint, inasmuch as it bears upon the point which was next discussed—namely, the source of the excess of urea. He maintained, by reference to the history of the cases and to the marked indisposition to and incapacity for exertion, whether mental or bodily, manifested by sufferers from this complaint, that the urea is not formed, solely at least, during the destructive processes of assimilation as a consequence of the wear and tear of the tissues—the source whence urea is commonly supposed to be derived—but is due to the production of urea from the elements of the food during the primary processes of assimilation, probably as a consequence of perverted nervous action. In conclusion, Dr. Fuller mentioned several circumstances which induced him to believe that this affection is nearly allied to gout.—*Med. Times and Gaz.*, Dec. 14, 1857.

23. *Intermittent Pulse and Palpitation.*—Dr. B. W. RICHARDSON concludes an interesting lecture on this subject with the following practical precepts:—

"There is, of course, no known specific for intermittent heart, but, whenever the symptom of intermittency is present, there are certain general lines of treatment which should always be enforced by the physician.

"1. In the case of young children, when the intermittency is clear, however infrequent it may be, the utmost care should be taken to avoid every source of mental excitement. A child so circumstanced should, under no pretence and for no purpose, be oppressed with study. He should be subjected to no amusements which powerfully excite the mind; he should at no time be exhausted by physical fatigue; he should be well fed, warmly clothed from head to foot, and, above all things, should be allowed to have abundant sleep. Ten to twelve hours' sleep is not a whit too much. Moreover, such a child should never be put to sleep with stories which excite dreams or cause alarm.

"2. In adults equal care should be taken, and, above all things, attempts should be made to remove impressions derived from any untoward event. Change of scene in this way often proves of essential service, while a carefully regulated diet, abstinence from exhausting pleasures, and abstinence from exhausting labour, especially mental labour of one particular kind, should be encouraged. Good sleep is here again the most valuable of remedies. Eight hours of sleep out of the twenty-four are essential—nine are still better. Two special points of advice are of vast moment to such persons. It not unfrequently happens that, by accident or by direct information, they learn the fact that their pulse does intermit. Then they begin to feel their own pulse, and become charged with dread of sudden death. As the disorder is of itself cerebral, this watchfulness and fear increase the frequency of the intermittency. With these patients, a word from the physician timely and firmly spoken is often the best prescription. You assure them on your experience that their malady is not of necessity fatal; you command them not to inquire after the symptom, and if you can succeed in persuading them to your views, which you may honestly try to do with all your influence, you will effect the most marked improvement in their condition. Again, it sometimes happens that patients conscious of the failure of the heart resort to alcoholic stimulants as a means of relief. For a moment, by exalting the cerebral activity, they experience relief from the alcohol, but the depression that follows calls the more rapidly for a return to the supposed remedy, and a factitious benefit leads to a habit which excites structural changes, and, of all things, hastens death.

"3. In case of sudden intermittency with symptoms of cerebral congestion, depletive measures are sound. A purgative is essential, and blistering at the back of the neck is always useful. I have seen great advantage in these cases from abstraction of a moderate quantity of blood by the cupping glasses.

"4. In the extreme forms of cardiac intermittency, while all the general rules laid down in Nos. 1 and 2 hold good, it becomes often imperatively necessary to subdue cerebral excitement, and to induce cerebral rest. For this latter purpose, opium is the sheet anchor. It must be given freely when it is given, and not too frequently. Small and repeated doses of opium excite, depress, and give no rest. A full dose, equivalent to a grain or even two grains, on the contrary, produce no excitement, but gives sound sleep, and that quietude of cerebral circulation which is essential to secure satisfactory relief. I have sometimes, where there was much depression, combined full doses of opium with full doses of quinia, and with marked benefit.

"5. Concerning old people who suffer from what may be called chronic intermittency without oppressing symptoms, no special rule requires to be laid down. They are themselves usually too tired of the excitements of life to care for them, and if they are not, then the observance of the general principles applicable to children and adults extends equally to them."—*Med. Times and Gaz.*, Jan. 18, 1868.

24. *Peroxide of Hydrogen as a Remedy in Diabetes.*—Dr JOHN DAY records (*Lancet*, Jan. 11, 1868) a case of diabetes which had resisted all ordinary treatment for three years, and which is now rapidly yielding under the influence of the ethereal solution of the peroxide of hydrogen, given in half-drachm doses mixed in an ounce of distilled water, three times a day.

25. *Arsenic in Phthisis.*—In a paper recently read at the Academy of Medicine, M. MOUTARD-MARTIN arrives at the following conclusions: 1. Arsenic exerts a very positive action in pulmonary phthisis. 2. It is more efficacious in the slow and torpid form than in that which is accompanied by fever. 3. Rapid phthisis and the acute granular form undergo no modification under it. 4. In a great number of cases, even in advanced phthisis with hectic, the general condition of the patient is ameliorated, at least for a certain time, which may long continue. 5. The modifications in the local lesions are only produced at a later period. 6. In a certain number of cases a cure results, and these would be more numerous if the patients had more perseverance instead of too soon believing themselves cured. 7. In order to prove efficacious, the treatment must be long continued. 8. The quantity taken daily need not exceed two centigrammes. 9. The arsenic is tolerated best in the early stages of the disease. 10. When not carried beyond the quantity stated, the tolerance may be almost indefinitely prolonged. 11. The action of the arsenic is primarily corroborant, acting secondarily on the pulmonary lesion.—*Med. Times and Gaz.*, Jan. 18, 1868, from *Union Méd.*, No. 3.

26. *The "Vaporarium" as a Means of Treating Phthisis Pulmonalis.*—Dr. FELIX BRICHETEAU strongly recommends to the attention of physicians the application of the "vaporarium" in the treatment of phthisis pulmonalis. The honour of first proposing and testing this method appears to be due to Professor Trousseau, whose recent death we all unite in deploring. Drs. Galliet and Henri Henrot have since employed it in several cases of phthisis, as well as in various chest and throat affections, and from their experience the greater portion of the evidence in its favour is derived. It is scarcely necessary to explain that the "vaporarium" is a chamber filled with the vapour of water, in which the patient constantly resides for a more or less extended period. To obtain a warm and moist atmosphere, two plans are recommended. The first is applicable to hospitals, and to such establishments as possess the convenience of steam-pipes. To one of these a tube is attached, that leads to a chamber in which is placed a trough of considerable depth, and with a large exposed surface. This tube is made to enter the bottom of the trough, and the steam thus passes through the contained water, and causes the required evaporation.

The second method may be used in the absence of steam-pipes. It consists essentially of a small boiler, heated by a gas or other lamp, and having a tube to conduct steam into the lower part of a trough containing water, from the surface of which a rapid evaporation of warm water is thus caused.

For a room of ordinary size, a trough one yard and a half long, and about ten inches deep, is sufficient; and with this a temperature of between 74° and 80° Fahr. may be readily maintained.

As yet the experience with the "vaporarium" has not been extensive. Three cases of confirmed phthisis have been perfectly cured; two inveterate (opiniâtre) cases of the same disease have been relieved; one case of croup was rapidly cured; and one of œdema glottidis, which had resisted all other means, was cured in a few hours. Details are given of several of these cases, and from the description of the physical signs, there can be no doubt as to the genuineness of the phthisical affection.

In a few instances, patients derived no benefit from their abode in the "vaporarium." Among these were suffers from very advanced phthisis, and the greater number of those treated for croup.

Dr. Bricheteau, with apparent justice, ascribes the value of the "vaporarium" to the convenience that it affords of imitating a warm and moist climate. It places at our disposal a constant temperature and an atmosphere loaded with moisture; and a room may easily be constructed in large dwelling-houses or in hospitals where such a warm and moist atmosphere as is so advantageous to a large class of patients may be constantly maintained. In addition, the air of the chamber may be impregnated by medicinal substances, such as sulphurous acid, tar, carbolic acid, or iodine, if these be placed in the trough of water through which the steam passes.—*Ed. Med. Journ.*, Jan. 1868, from *Bull. Gén. de Thérap.*, July 30, 1867.

27. *Phosphorus in the Treatment of Paralysis.*—M. DELPECH has obtained the best results from the employment of phosphorus in paralysis. There are at present three cases in his ward submitted to this mode of treatment. In one case the disease had been brought on by the prolonged employment of sulphide of carbon; in another, by the effects of cold; and in the third, by an attack of apoplexy. The phosphorus acted at first as an aphrodisiac, producing erections, and thus manifested its peculiar action on the genital organs; mobility and sensibility were then favourably modified, without any apparent inconvenience attributable to the employment of the remedy.

28. *Bromide of Potassium in Whooping Cough.*—Dr. DE BEAUFORT has observed, in the course of his practice, that the use of bromine was attended with very good effect in the treatment of hooping-cough, and he anticipated such a result. For, according to his view, the principal symptomatic phenomenon which distinguishes hooping-cough from a simple catarrh, is the exaltation of sensibility in the laryngeal mucous membrane, especially towards the upper orifice of the larynx. This hyperæsthesia excites, by reflex action, the convulsive cough and the contraction of the larynx, and consequently a medicine like the bromide of potassium, which exerts such a remarkable anæsthetic action ought to arrest the principal symptoms of hooping-cough, and to reduce the disease to its catarrhal element. The bromide, in the hands of Dr. De Beaufort, rapidly produced the desired effect, and in twenty cases, taken at different periods of the disease, laryngeal spasm was found to disappear in five days on the average, and the disease was converted into a bronchial catarrh. The patients, however, were not cured, but their condition was altered; there was no more anxiety or vomiting, the appetite was improved, the nutrition was better, and the strength was increased. Such a rapid result was very satisfactory, but Dr. De Beaufort desired to complete the cure, and he therefore endeavoured to find some other medicinal agent, which might effect, in combination with the bromide, what the latter was insufficient to accomplish alone. The substances which he found most efficacious were *aconite* and the *Balsam of Tolu*, and he publishes a formula in which the syrup of balsam of Tolu, bromide of potassium, and an alcoholic preparation of aconite are combined together. By the aid of these three remedies he has seen hooping-cough cured in twelve days on the average.—*B. and F. Med.-Chir. Rev.*, Jan. 1868, from *Bull. Gén. de Thérap.*, May 30, 1867.

29. *On the Solvents of Pseudo-Membranous Exudations and on the Employment of Bromine in those Diseases.*—Dr. CH. OZANAM, formerly librarian to the Academy, in a memoir published in the number of *Revue de Thérapeutique Médico-Chirurgicale*, for January 1, gives an account of his experiments with various articles made with a view of ascertaining the best solvents for diphtheritic exudations. The one which effects their solution in the shortest time—

even in a few minutes—is the amoniuret of copper (liquor of Schwitzer). This liquor may be given in doses of from two to twenty drops during the day in one or two glasses if for an adult; it cannot be given to children on account of its very bad taste.

He prefers, however, an aqueous solution of bromine in the proportion of one drop in twenty-five to thirty grammes (about an ounce) of pure water. It must be kept in a well-ground glass-stoppered vial and in the dark, and when it loses its amber colour it should be renewed. This solution is to be given in drops every hour, in as many teaspoonfuls of sweetened water so as to give one or two grammes (thirty-six grains) of the solution in the twenty-four hours. When well sweetened, children take this without difficulty.

Dr. Ozanam also gives the bromine in fumigation in the following manner: He takes a bowl of boiling water and places over it a funnel of glass or of paper. He puts into the water a large pinch of bromide of potassium or of common salt, and afterwards adds gradually two or three times within the space of from five to ten minutes a teaspoonful of the bromine water. The patient must inhale slowly and deeply the vapour which mixed with the steam of the water does not produce any irritation.

Dr. Ozanam asserts that he has cured by this simple method more than one hundred and fifty cases of membranous croup. Up to the period of his writing he had failed in not more than four or five cases; and these were cases of membranous croup.

While he recommends this as the principal remedy, other means which may seem to be called for should not be neglected.

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30. *External Use of Digitalis in Suppression of Urine.*—Mr. J. D. Brown records (*Med. Times and Gaz.*, Jan. 25, 1868) six cases of suppression of urine treated by the external use of digitalis. He used the leaves, bruised and warmed in boiling water, as a poultice, and also the tincture of the plant mixed with a warm flaxseed poultice and placed on the abdomen.

He reports these cases, he says, "with the object of calling attention to the effect of digitalis in that dangerous disease, and of inducing the medical world to give it a trial. It is not supposed that it will succeed in all cases of that mysterious disease; but it is clear that it has a powerful influence over the renal secretions, and if carefully watched, taking the pulse as a guide, no mischief need be feared.

"The rules of management," he states, "must depend upon the pulse. I have seen no good results till the pulse fell in number; it matters not from what figure: fall it must before any change occurs. In Mr. G.'s case it fell from 109 to 70, in ninety minutes; in Mr. R.'s, from 80 to 65 in three hours and a half. I would strongly advise 60 as a standard from a high number; 40 or 50 from a lower figure—say from 80. Judging from the effects on the circulation, we cannot lose sight of the fact that the arrest of secretion depends on capillary congestion, which in turn might, by pressure, paralyze the nerves. The fact, however, remains that we compel the kidney to resume its functions by diminishing the force of the circulation, lessening the quantity of blood by allowing a much longer interval between each new arrival. Strange, too, it is that in four cases the attack commenced suddenly like a fit of stone, and, in reality, stone came away in each case."

We would urge upon our readers who may be disposed to try this remedy great caution in its use, for it is manifest, from one of Mr. B.'s own cases, that the fatal result was in a great degree due to the reckless use of the remedy.

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31. *Hot Bath in Erysipelas Ambulans of Young Infants.*—Prof. Abeling, of Stockholm, speaks in the highest terms of treating this form of infantile erysipelas by means of hot water. The infant is put into the bath at a temperature of 38° C. (100° F.), and hot water is gradually added until a temperature of from 40° to 42° C. (105° to 110° F.) is attained. After from ten to thirty minutes, according to the age and strength of the child and the influence produced, it is removed and wrapped in warm linen, which is covered over with a warm blanket. In this it is allowed to remain for two hours. Usually it at

once falls into a tranquil sleep; but when this is not the case a teaspoonful of cold water is repeatedly given. In bad cases the bath is given twice a day, but in ordinary cases only once, continuing it until improvement is effected.—*Med. Times and Gaz.*, Feb. 22, 1868, from *Journal für Kinderkrankheiten*, October.

SURGICAL PATHOLOGY AND THERAPEUTICS, AND OPERATIVE SURGERY.

32. *Recovery after supposed Partial Dislocation of the Neck.*—Mr. J. B. MARTIN communicated to the Royal Med. and Chir. Society the following case:—

Emily M., aged 24, nurse, a stout, healthy country girl, of active habits and intelligence beyond the average of her class in life, returned home on the evening of Monday, July 29th, with the children under her charge, between eight and nine o'clock, and having placed the pony-chaise they had been using in the barn, was in act of closing the doors, when the left-hand door (an oak one, weighing 480 lbs.) fell, striking her on the side of the head, and carrying her with it to the ground. On assistance arriving, and the door being removed, she was totally unable to raise herself, being completely paralyzed, and suffering from difficulty of breathing. When raised from the ground, her head was bent forward, and slightly to the left side, and she had no power to raise it. She was placed in a chair, and, upon her fellow-servant endeavouring to raise her head, she felt and heard something go into its place with a snap; after which she so far recovered herself as to move with assistance, though with great difficulty, into the house, when she became faint, and vomited slightly, but was able after a short interval to retire up stairs. The faintness and nausea continued more or less during the night, with pain in the head and neck, and inability to move without assistance. The recumbent position was painful, and she was moved into an arm-chair, where the head was supported by pillows, affording great relief. She was seen for the first time about noon the following day. The countenance was pale, the expression somewhat stolid, and the features were swollen. The surface of the head and neck, especially on the right side beneath the angle of the jaw, was morbidly sensitive, and there was a dread of even a hair being pulled. She was perfectly conscious; there was no intolerance of light; the pupils were natural; the skin soft and cool; pulse 84, soft and regular; she had numbness of the right hand and arm, with partial inability to move them; slight ptosis of the right eyelid; and difficulty in opening the mouth, being only able to protrude the tip of the tongue; she could only swallow liquids. She was ordered to be kept perfectly quiet; the head and neck to be well supported; the hair to be removed, except just in front; to apply an evaporating lotion to the head, and fomentation to the neck by means of spongio-piline. In the evening she was rather more comfortable, free from constitutional disturbance, and had had a short nap. She retired to bed, but was obliged to resume the position in the chair. She continued gradually to improve from day to day; and on the 3d of August, five days after the accident, she was able to obtain rest in bed, when well supported by pillows. The position in the chair was still the most comfortable, and she was accustomed for some days after to rise at 4 A. M. to resume her place in it. Her improvement was progressive throughout, with the exception of a brief return of headache in consequence of excitement. On the 21st, three weeks after the accident, she was allowed to walk in the garden towards the cool of the day. The ptosis of the right eyelid had disappeared, and the countenance had resumed its natural expression. The power over the right arm, although still imperfect, was gradually improving; she carried her head in a stiff and formal manner, with a drooping forwards, until the beginning of October, when she recovered by slow degrees control over the motions of the head. The morbid sensibility of the surface of the head and neck, with pricking of the skin, and occasional pain